

SCHEDULE 2 – THE SERVICES

A. Service Specification

Service Specification No.	Final Version Issued for Procurement on 09/07/2018
Service	Wheelchair Services (Adults and Children) Across Derbyshire
Commissioner Lead	Howard Ford, Southern Derbyshire CCG (on behalf of the Derbyshire CCGs)
Provider Lead	TBC
Period	14 January 2019 to 13 January 2022
Date of Review	To be reviewed jointly between the commissioners and provider during February and March 2020, to enable any changes to be transacted for 2020/21 financial year.

1. Population Needs

1.1 National/local context and evidence base

Wheelchairs enable many people to live happier, fuller lives. The right wheelchair, provided at the right time, can make all the difference to the day to day lives of some of our most vulnerable children and adults, facilitating greater independence and participation in work, education, and the community. However, wheelchair users often report problems with the services they receive, and data from the National Wheelchair Service Dataset (<https://www.england.nhs.uk/wheelchair-services/nhse-role/>) shows that too many children and adults experience lengthy delays in receiving their wheelchair.

The Wheelchair Leadership Alliance was formed to transform the experiences and outcomes of people using publicly funded wheelchair services in England. It published a comprehensive Charter in 2015, setting out what matters most to wheelchair users:

- A person centred service that works in partnership with service users and their carers and makes the user/carer voice central to any design, innovation and service change.
- Equality of access and provision for all, irrespective of age or postcode and including essential user skills training as standard.
- Innovative and flexible budgeting working with key partners to strengthen integration across health, social care, work and education, enabling the accommodation of individual needs, independence, health and wellbeing.
- Entry to service via referral from an appropriately skilled professional. The time from referral to delivery will be at least within the constitutional right of 18 weeks with further substantial improvements by 2016/17 for all people using the service.
- Assessments for all wheelchairs and associated postural support within nationally mandated timescales and priorities taking into account all aspects of individual

needs including those of carers.

- Establishing regular reviews with the user/carer according to their individual needs.
- Prescriptions which take into account the current and future needs for all adults and children including those of carers.
- Delivery, maintenance and emergency backup provided to nationally mandated timescales.
- Recruitment of qualified staff in respect of numbers and skills, with support for on-going development and training.
- Supporting clinicians, manufacturers and independent organisations working together to develop innovative, affordable products and solutions.

The provider will work with service users, commissioners and partners in statutory and voluntary services to achieve this vision for wheelchair users of all ages in Derbyshire.

1.2 Local context

The Wheelchair Service in Derbyshire is commissioned jointly by North Derbyshire CCG, Hardwick CCG, Erewash CCG and Southern Derbyshire CCG. Southern Derbyshire CCG is the lead commissioner. The combined registered population of the 4 CCGs is 1,003,439. Of these, 19,329 (1.9%) are currently registered with the Wheelchair Service. 1,323 of the Wheelchair Service's registered patient list are children and young people aged up to 18.

The health and social care system in Derbyshire has come together as 'Joined Up Care Derbyshire', to transform the health and well-being of the local population, and ensure that the right services are delivered in a sustainable way. A key focus of this work is supporting people to remain independent. Locally delivered, proactive care will ensure that needs are identified and solutions put into place at an early stage, reducing the need for crisis-led reactive care. There will be a significant shift in resources from acute settings to multi-disciplinary teams, coordinating care in local 'places'. The provider will work collaboratively as part of the wider health and social system to ensure that the Wheelchair Service is fully embedded into this new way of working.

The Derbyshire Better Care Fund has started to develop a new, joined up approach to meeting the needs of people with more complex disabilities and long-term conditions, most of whom will require a range of support and equipment to achieve positive outcomes. The 'Equipped for Independence' initiative will explore the viability of a much more integrated approach to assessment and planning for specialist equipment, wheelchairs and home adaptations. The provider will actively champion this approach, working with commissioners and other providers to develop this more seamless way of working.

Activity

In 2017/18, activity levels were as follows:

Children's Referrals	153
Children's Re-referrals	509

Adult's Referrals	1449
Adult's Re-referrals	2036
Repairs	3502
Planned, preventative maintenance episodes	549
Out of Hours Callouts (for breakdowns/repairs)	60
Collections	1787

(Note: A 'referral' is a request to provide a service to someone who does not have a current episode of care, and does not have any equipment on loan from the Wheelchair Service. A 're-referral' is a request to provide a service to someone who either has a current episode of care, or who has equipment on loan from the Wheelchair Service).

Further information on activity, and planning assumptions, has been included in Schedule 2(B) of the draft contract issued with this tender.

In addition to the recurrent demand for the service, a backlog has arisen. The provider will conclude the episode of care for each patient with a wait of 52 weeks or more, within the first six months of contract delivery. The table below provides an overview of the cases which are currently open to the service (as at 31 May 2018):

	Open episodes	Episodes open for 18 weeks or longer	Episodes open for 52 weeks or longer
Children	210	31	0
Adults	776	231	26

Commissioners anticipate that the backlog of children's cases will have been cleared by the commencement of the new service in January 2019, so that no child will have an open episode of care of 18 weeks or more. However, the backlog of adult cases is likely to remain, and the commissioners have prioritised those cases which have been open for 52 weeks or more.

Upon contract award, the provider and the commissioners will agree a trajectory, setting out how the backlog of adult cases open for 18 weeks or more will be eliminated over the course of the contract, and what impact this will have on the performance on the 18 week referral to handover target for adults. This trajectory will form the basis of performance monitoring for adult pathways.

1.3 Evidence Base

- In delivering the service, the provider must ensure compliance with the requirements of the Medicines and Healthcare Products Regulatory Agency (MHRA): <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/services-information>
- The requirements set out in, 'Managing Medical Devices :Guidance for healthcare and social services organisations' (April 2015) must be met: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf

- The Wheelchair Charter published by the Wheelchair Leadership Alliance (<http://www.nnpf.org.uk/wp-content/uploads/2015/07/The-Wheelchair-Leadership-Alliance-Charter.pdf?COLLCC=608553728&>) provides the over-arching evidence base, outlining what wheelchair users have stated are the most important criteria for a good service offer.
- The Service will be informed by the guidance produced by the National Wheelchair Managers Forum: <http://www.wheelchairmanagers.nhs.uk/>
- The Community Equipment Services Code of Practice for Disability Equipment, Wheelchair and Seating Services provides an overarching set of quality standards for the commissioning and provision of wheelchair services. The provider will ensure that the standards for provision are followed: <http://www.cecops.org.uk/>
- Wheelchair users will have a range of disabilities and long-term conditions. The Wheelchair Service will be delivered in a way that is consistent with the clinical standards for any relevant disability or long-term condition published by the National Institute for Health and Care Excellence: <https://www.nice.org.uk/>

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 The provider will work to ensure that the outcomes desired by patients and carers are at the heart of service delivery. During the first year of contract delivery, the provider will use the Wheelchair Outcomes Assessment Tool for Children (commissioned by NHS England and developed by Bangor University – details are attached as Appendix 6) to agree and monitor patient outcome measures. During the second year of contract delivery, the provider will work with the commissioners, NHS England and Bangor University to test a set of outcome measures for adults.

3. Scope

3.1 Aims, locally defined outcomes and objectives of service

3.1.1 Aims

The overall objective of the Service is to ensure that the clinical needs and outcomes of patients who meet the Eligibility Criteria (attached as Appendix 1) for a wheelchair in Derbyshire are met in the most cost effective way. In order to achieve this, the Service aims are to:

- Improve the pace of the delivery of children's wheelchairs, so that by April 2019, all children and young people receive their wheelchair and any associated accessories within a maximum of 18 weeks from the date of referral. This is a mandatory, national minimum requirement.
- Ensure that no child, under any circumstances, waits 26 weeks or more receive their wheelchair and any associated accessories from the date of referral.
- Improve the pace of the delivery of adult's wheelchairs, so that by April 2022, all adults receive their wheelchair and any associated accessories within a maximum of 18 weeks from the date of referral.
- Ensure that no adult, under any circumstances, waits 52 weeks or more to receive their wheelchair and any associated accessories from the date of referral.
- Improve the quality of assessment by ensuring that all urgent assessments are completed within 2 weeks of referral, and standard assessments are completed within 6 weeks of referral.
- Improve the stock control and procurement of wheelchairs, accessories, parts, and bespoke seating, so that basic stock items are handed over within 2 weeks of prescription, orders from suppliers are handed over within 6 weeks of prescription, and bespoke items are handed over within a maximum of 12 weeks of prescription.
- Implement a step change in patient choice and control, through the articulation of a clear NHS offer and eligibility criteria, the mainstreaming of Personal Wheelchair Budgets, patient recorded outcome measures, and consistent use of patient engagement and feedback.
- Ensure that the right data is captured, in the right way and at the right time, so that service development and future commissioning decisions are taken in the most informed and robust way possible.

3.1.2 Locally defined outcomes and objectives

- The Service will develop a 'chair in a day' scheme, so that as many patients as possible are provided with a suitable wheelchair at their first appointment. This scheme must be implemented within the first twelve months of the contract period. (See Section 3.2.2)
- The Service will implement a model for personal wheelchair budgets, so that all children and young people, and all adults with a medium, high and specialist need wheelchair have a personal wheelchair budget. (See Section 3.2.27 for further information). For agreed national definitions of low, medium, high and specialist need, please refer to Appendix 2.
- The Service will provide a range of equipment at discounted rates to patients who wish to purchase their own equipment following assessment by the Service.
- The Service will establish a mechanism for joint funding of wheelchairs, with social

care, education and Access to Work, where these agencies wish to contribute towards the cost of a higher specification wheelchair that meets social care, educational or employment needs/outcomes.

- The Service will 'shadow' the use of currencies and tariffs for wheelchair services, developed by NHS England and currently being piloted nationally. The commissioners anticipate that a national tariff for wheelchairs may become a mandatory national requirement during the life of the contract.

3.2 Service description/care pathway

The Service will deliver the following elements:

- Assessment and prescription for low, medium, high and specialist need wheelchairs and accessories for children and young people aged up to 18
- Provision of low need wheelchairs for adults aged 18 and over, which are assessed for and prescribed by NHS community staff
- Assessment and prescription for medium, high and specialist need wheelchairs and accessories for adults aged 18 and over
- Provision of a range of wheelchairs and associated accessories on a loan basis to patients to meet clinical need, including wheelchairs with specialist and bespoke seating systems
- Modification of NHS issued wheelchairs and wheelchair accessories, as required by the patient's clinical need
- Review of patients' needs at agreed intervals
- A programme of planned, preventative maintenance for patients with more complex wheelchairs
- Repair to NHS issued wheelchairs
- Collection, de-contamination and recycling of wheelchairs and accessories which are no longer required, and scrapping of equipment which is no longer useful
- Provision of support to patients with the potential to drive powered wheelchairs, to maximise their ability to drive safely
- Advice, information and signposting to wheelchair users, and those who feel a wheelchair would improve their quality of life, about options to rent and purchase wheelchairs privately, and charities that can provide financial assistance
- Information, advice and training to staff working in health and social care, to ensure that they have a good understanding of the needs of wheelchair users, can assess for and prescribe low need wheelchairs for adults in a competent manner, and can make high quality referrals to the Wheelchair Service

The Service will operate 3 pathways:

- 1 pathway for Children and Young People (Appendix 3)
- 1 pathway for Adults with Low Needs (Appendix 4)
- 1 pathway for Adults with Medium, High and Specialist Needs (Appendix 5)

3.2.1 Referrals and Screening

The Service will accept referrals from a range of qualified health and social care staff, inclusive of, but not exclusive to :

- Nurses
- Occupational Therapists
- Physiotherapists
- GPs
- Consultants
- Social Workers

Referrals will be accepted from Care Co-ordinators or other support staff provided that this is done on behalf of a named, qualified professional, who has assessed the patient.

The Service will operate a single point of access for the receipt of all referrals and re-referrals.

Referrals will be made electronically.

All referrals will be acknowledged within 2 working days of receipt.

All referrals will be screened within 2 working days of receipt. Where the referral is for a child or young person aged under 18, or for a medium to specialist need chair for an adult aged over 18, the referral must be screened by a qualified clinician.

Re-referrals will be accepted from patients, their parents/carers, or by a qualified health and social care professional. Re-referrals will be accepted from Care Co-ordinators or other support staff provided that this is done on behalf of a named, qualified professional, who has assessed the patient.

All re-referrals will be acknowledged within 2 working days of receipt.

All re-referrals will be screened within 2 working days of receipt. All re-referrals must be screened by a qualified clinician.

Where a referral or re-referral contains omissions or errors, it will be returned to the referrer within 3 working days of receipt, with a request to re-submit a fully and accurately completed referral or re-referral.

The Service will prioritise referrals and re-referrals taking into account clinical condition, prognosis and social/environmental factors. Referrals will be categorised as 'Urgent' or 'Routine'. Patients with rapidly deteriorating progressive neurological disorders, or who are at an end of life stage, will be treated as urgent.

For urgent referrals, assessment and prescription will be completed within 2 weeks from the date the referral was received. For routine referrals, assessment and prescription will be completed within 6 weeks from the date the referral was received.

3.2.2 Assessment

Assessment will be led by an appropriately qualified clinician, and will include:

- The views, wishes and desired outcomes of the patient, and their parents/carers if relevant – using the agreed outcome measure frameworks
- Clinical needs
- Environmental factors
- Consideration of carer needs

- Consideration of holistic needs, and any specific requirements to enable the patient to participate in education and/or employment
- Anticipation of any changes in the patient's clinical presentation or circumstances that may be relevant
- Consideration of longer appointment slots for people with learning disabilities and communication needs

Where appropriate, the service shall assess the service user's ability to use Electrically Powered Indoor wheelchairs (EPIC) and/or Electrically Powered Indoor/Outdoor wheelchair (EPIOC). Where driving assessments are used, the wheelchair provided for the assessment must be appropriate for the patient, and the criteria used for making judgements must be transparent.

The Service will deliver the assessment process in such a way that the maximum number of patients attend only one clinic appointment, and are provided with their wheelchair and accessories at that appointment. This is referred to as the 'chair in a day model'.

3.2.3 Prescription

Following assessment, the Service will produce a prescription, setting out the technical requirements of any equipment that is to be provided. Prescriptions must be completed and signed off by a qualified professional employed by the Service. Under no circumstances will a prescription be completed by a representative of a wheelchair supplier.

3.2.4 Care Planning

The Service shall ensure that every patient has an individualised care plan, developed and agreed in partnership with the patient (and their parent/carer as appropriate), which is outcome focused, reflective of their identified health and wellbeing needs and in an appropriate format. All patients shall be provided with a copy of their care plan, alongside any health, social care or education professionals involved in working with the patient. The care plan must contain:

- the patient's agreed objectives, including a quantifiable outcome measure
- the agreed prescription for posture and mobility equipment to meet the patient's long term mobility and associated postural management needs
- the patients Personal Wheelchair Budget
- the agreed schedule for future follow up/review appointments, based on assessed need and identified risks
- a named point of contact for any subsequent enquiries including details of on-going support from the Service and what to do if the patient's condition and/or needs change
- contact details of the repair and maintenance service, including emergency response targets and any planned preventative maintenance arrangements
- all wheelchair and associated equipment documentation, including any risk management details associated with the original assessment/prescription
- the patient's responsibilities regarding due care of the wheelchair and associated equipment

- a copy of the signed handover certificate.
- The care plan must be accessible and understandable to the individual, including ensuring children and young people being actively involved in their care.

3.2.5 Review

The Service will agree with each patient the timescales for reviewing their assessment and prescription. All children and young people aged under 18 must have their needs reviewed at least every two years. For children aged 5 and under, and any child or young person with postural support needs, reviews will take place at a minimum of six monthly intervals. All adults with medium, high and specialist need wheelchairs must have their needs reviewed at least every three years.

The Service will have a system in place to ensure that low need wheelchairs on loan to adults are still needed, in line with the Eligibility Criteria. This will happen to a maximum of 5 yearly intervals.

3.2.6 Discharge Criteria and Planning

The service shall discharge wheelchair users when there is no longer a clinical need for the wheelchair. Wheelchairs, associated seating equipment and accessories will be returned to the Service, or collected, as part of discharge from the Service where there is no longer a clinical need.

Where a patient ceases to be the commissioning responsibility of the Derbyshire CCGs, they will be transferred to the service commissioned by the responsible CCG. The Service will complete any open episode of care before completing the transfer. Any equipment the patient has on loan will be transferred with the patient.

3.2.7 Personal Wheelchair Budgets

All children and young people aged under 18, and all adults aged 18 and over who have been prescribed a medium, high or specialist need wheelchair will have a Personal Wheelchair Budget. With a Personal Wheelchair Budget, wheelchair users should expect to have:

- a personalised assessment where they are supported to identify the health and wellbeing outcomes they wish to achieve
- a care plan which captures the health and wellbeing outcomes identified, which may be part of any wider care plans the person requires for their care, for example an Education, Health and Care (EHC) plan
- care that is better integrated, meaning that different agencies work together to support their postural and mobility needs and achieve their health and wellbeing outcomes
- information provided upfront about the amount of money available in their personal wheelchair budget and the options available to them locally to use it

- information about the repair and maintenance of wheelchairs, if the option to purchase a wheelchair outside of the NHS commissioned service is taken.

The Service will implement the system for Personal Wheelchair Budgets during the first six months of the contract period. By the end of year three of the contract period, all applicable patients will have a Personal Wheelchair Budget.

Direct payments for Personal Wheelchair Budgets are currently not routinely available, and guidance is expected on whether direct payments issued as a Personal Wheelchair Budget only (rather than as a wider, integrated care and support payment) can be 'topped up' with either personal or charitable funding. The provider will make direct payments available when guidance on this is issued nationally.

3.2.8 Supply and Delivery of Equipment

The types of wheelchairs and equipment provided by the service shall include (but are not limited to):-

- Standard and special buggies
- Manual wheelchairs
- Wheelchairs for active users
- Lightweight wheelchairs
- Electrically powered indoor wheelchairs (EPIC)
- Electrically powered indoor/outdoor wheelchair (EPIOC)
- Special seating systems, including pressure distributing and postural support cushions
- Accessories that support the patient to use their wheelchair safely and effectively

The Service will supply wheelchairs and associated accessories in line with the service's Eligibility Criteria (attached as Appendix 1). The Eligibility Criteria will be reviewed and agreed with the Provider following contract award and prior to the Service commencing, to ensure that it is 'owned' jointly by the provider and the commissioners. The Eligibility Criteria will then be reviewed at annual intervals, in particular to take account of trends in equipment prescribed, any gaps in provision, developments in technology and joint funding opportunities.

The service shall:

- adopt robust acquisition processes to purchase a range of wheelchairs and associated equipment that demonstrates quality and best value for money and meet British Safety Standards (BS EN 12183:2014 for manual wheelchairs, and BS EN 12184: 2014 for powered wheelchairs)
- uniquely tag wheelchairs to support all aspects of maintenance, repair and collection and develop and maintain an accurate asset register, which details all wheelchairs and accessories provided by the Service and their date of purchase
- make arrangements for patients to collect their equipment from a range of suitable venues
- deliver equipment to patients' homes, when this is appropriate and required.

3.2.9 Maintenance and Repairs

The Service is responsible for all repairs and maintenance of electrical and mechanical wheelchairs and associated equipment supplied.

Repairs to broken wheelchairs and associated equipment within the warranty period will be carried out in accordance with the manufacturer's warranty and without charge to the service and/or commissioner.

Repairs outside the warranty period are the responsibility of the Service. If the cost of repairing an item exceeds the cost of a new replacement item it will be deemed 'beyond economical repair' and the item will be scrapped.

The service shall undertake inspection, maintenance and testing of wheelchairs and associated equipment issued in line with regulatory health and safety requirements and including the following:-

- Medical Healthcare products Regulatory Agency (MHRA)
- Portable Appliance Testing (PAT) (annual)
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Infection, Prevention and Control (NICE Quality Standard QS61)
- Manufacturer's instructions (Where in the Service's opinion, a wheelchair can be safely used beyond the manufacturer's recommended life, the chair should continue to be used.)
- Health Care Standards for NHS Commissioned Wheelchair Services (2010)
- Any other relevant regulations and requirements.

Inspection, maintenance and testing incidents are to be identified on the Provider's asset register together with a summary of the service history.

Any failure of wheelchairs/equipment will be reported to the commissioner and the Health and Safety Executive where applicable.

In instances where equipment needs to be taken away for repair, the service user must be provided with adequate suitable seating by way of replacement, which is as close as possible to current prescription. This shall be agreed together with the wheelchair user so that any inconvenience is minimised whilst repairs are completed.

The wheelchair user must be given clear information on hours of business (core and out of hour's access for emergency problems with the wheelchair and associated equipment) how to contact the provider and to have options of contacting by telephone, text, e-mail etc.

Wheelchair users must have clear guidance on how to report any delays in repairing chairs to the wheelchair service.

The service shall provide a planned preventative maintenance program for more complex

chairs, where this will ensure a better patient experience and value for money.

3.2.10 Collection and Decontamination

The Service will ensure that all patients and their parents/carers are aware of how to return equipment no longer required. The Service will encourage patients and their parents/carers to return equipment which is no longer required to a suitable service venue.

The service shall have systems in place to collect wheelchairs and equipment from patient's homes if required.

The Service will provide appropriate cleansing and decontamination of returned wheelchairs/equipment in accordance with health and safety requirements.

All returned/collected equipment must be inspected within 1 calendar month, and identified for either re-conditioning, use of parts, or scrapping, depending on which is the most viable and cost effective option. The identified course of action must be completed within 1 calendar month of having been determined.

The Service shall employ a system which prevents cross contamination between relinquished equipment and equipment being delivered, in accordance with Managing Medical Devices (MHRA 2015).

3.2.11 Refurbishment, Recycling and Scrapping

Refurbishment and recycling of wheelchairs/equipment ensures a cost-effective and efficient service. Where possible wheelchair parts and equipment that can be reclaimed should be and decontaminated for future use.

Wheelchairs and associated equipment items collected, which on initial inspection seem no longer fit for purpose, are to be placed on a 'scrap list'. If the cost of repairing an item exceeds the cost of a new replacement item it will be deemed 'beyond economical repair' and will be responsibly and appropriately scrapped.

3.2.12 Legacy Equipment

Where equipment requiring maintenance is already in use at the commencement of the contract period, the Provider will be responsible for the ongoing routine and urgent repair and maintenance of that equipment.

3.2.13 Support to Develop Safe Powered Chair Driving Skills

The Service will ensure that all patients (including children and young people) who have been assessed as having the potential to safely drive a powered chair by clinicians employed by the Wheelchair Service, and all those patients (including children and young people) who have been prescribed a powered chair, have access to a range of support to develop their wheelchair driving skills. This will include group based driving lessons.

3.2.14 Information Management and Technology (IM&T)

The Service shall have a single IMT system in place that will:-

- Maintain a full asset register/inventory to enable tracking of wheelchairs and associated equipment, and swift recall of any items subject to a Product Recall Notice issued by the manufacturer or MHRA
- Record service users details including assessment, prescription, individual care plan, wheelchair and associated equipment on loan, scheduled clinical reviews and timescales for any planned, preventative maintenance
- Ensure effective management, performance and financial data collation and reporting requirements, as outlined in Schedule 6 of the draft contract issued alongside this tender
- Maintain full record of the cleaning, decontamination, maintenance and re-allocation of equipment for audit purposes
- Enable the ordering and tracking of wheelchairs, accessories, modification, and repairs
- Enable appropriate sharing of relevant clinical assessment data with approved clinicians in designated partner health and social care organisations in order to ensure the best possible care for service users
- Conform to the specifications set out in the NHS Interoperability Toolkit

Each patient must have an electronic care record, that captures the following information:

- Patient name
- Address including postcode (current and up to 10 previous)
- Contact telephone number (landline and mobile)
- Email address
- Preferred method of communication (letter/email/text etc)
- Date of birth
- Diagnosis (code and free text)
- Reason for referral for each referral recorded (code and free text)
- Registered G.P. name, address and CCG
- Consultant & Trust/Department (where applicable)
- Referrers name and role/employing organisation
- Referrers address and telephone number
- Existing wheelchair provision
- Date of referral
- Date of receipt of referral
- Date of discharge
- Reason for discharge (code and free text)
- Ethnic origin (national standard codes)
- Gender
- Religion
- Sexual orientation (where the patient gives consent for this to be recorded)
- NHS number
- School (where applicable)
- Social Care contact (where applicable)
- Carer/parent contact details (where applicable)

Electronic care records must conform to all appropriate statutory and mandatory

requirements relating to the provision of NHS IT systems, in particular meeting all GDPR requirements. Acceptance of the proposed electronic care record is subject to NHS Clinical Safety and appropriate Information Governance (IG) processes.

3.2.15 Workforce

The staff group delivering the clinical aspects of the Service must include qualified Occupational Therapists and Rehabilitation Engineers, but may also include other clinical roles. The clinical team must include staff with a demonstrable specialism in working with children and young people.

The Service will have a sufficient number of administrative staff to ensure that clinicians are able to focus on clinical tasks. However, smarter working and use of technology should keep administrative posts to a minimum.

The provider will have a system in place to ensure that all staff who need to be registered with the Health and Care Professions Council are registered, and their registration is maintained and kept up to date.

All staff will be subject to vetting by the Disclosure and Barring Service.

3.2.16 Self-Care and Wheelchair User and Carer Information

The Service will provide information in a range of accessible formats for patients, which must include as a minimum:

- How to safely maintain their equipment
- Insurance for wheelchairs
- Emergency breakdown cover
- Sources of charitable/other funding for wheelchairs
- Purchasing or renting safe, quality assured wheelchairs and equipment privately

3.2.17 Patient Engagement and Feedback

The Service will ensure that there are a range of methods in place to seek feedback from all patients, and parents/carers. This must include specific methods which are appropriate to children and young people.

The Service will use the NHS 'Friends and Family' test to seek feedback at each patient contact.

The Service will conduct an annual survey with patients who have had meaningful contact with the Service over the previous year, to seek feedback and comments on proposed changes or innovations. The content of the survey must be agreed in advance with the commissioners and include any questions the commissioners wish to seek feedback on. The Service will be responsible for analysing the data generated from the survey, but will also make the anonymised raw data available to the commissioners.

3.2.18 Exit Arrangements

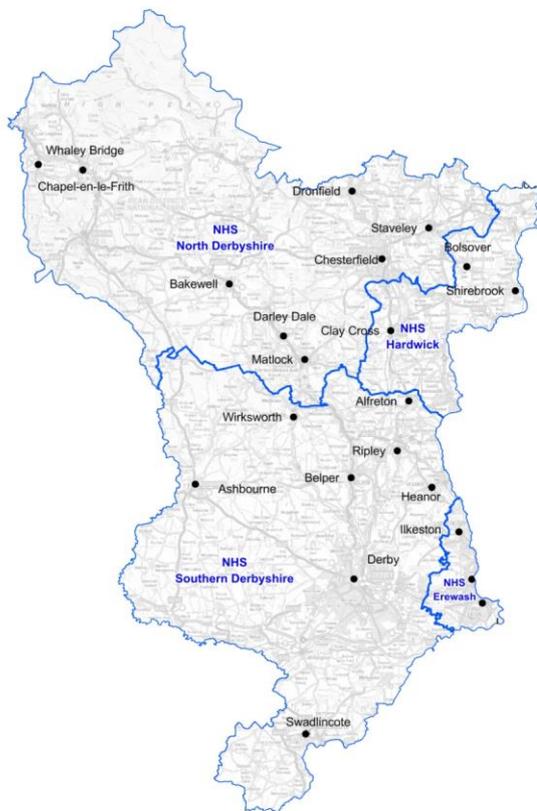
Twelve months prior to the end of the contract the service shall work with the Commissioners to provide full details of stock, contracts and staffing. This will be updated

monthly. The service shall work with any new providers to ensure a smooth transfer of stock and staff where applicable.

3.3 Service Model

3.3.1 Location(s) of Service Delivery

The Service will be delivered from two 'hubs'; one which is located in the Southern Derbyshire area and one which is located in the Northern Derbyshire area. The Service may also operate a number of 'spokes', depending on local need and location of other key services for the patient cohort, for example in health centres or schools.



Home visits can be offered but only where there is no other suitable option for the patient. Commissioners expect that home visits will constitute a very small part of overall patient contact. For children and young people it may be appropriate to offer clinics in schools or special schools if there are a number of patients in the same location.

All service delivery locations will comply fully with the general duties described in the Equality Act (2010) (<http://www.legislation.gov.uk/ukpga/2010/15/section/20>) and Part M of the Building Regulations (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/441786/BR_PDF_AD_M2_2015.pdf)

All clinics and service delivery locations must:

- Have a sufficient quantity of convenient, designated disabled parking close to the clinic, for the volume of patients likely to be accessing the clinic at any one time. Patients using disabled parking spaces must be able to access help if required.
- Have sign-posting suitable for people with physical and sensory disabilities.
- A reception area, which is clearly identified.
- Easy access to local public transport.
- Wheelchair accessible toilets and changing facilities. An over toilet commode should be available.
- Access to refreshments.
- Have access to an interpreter either in person or a video / telephone service
- Have access to a BSL interpreter either in person or on a video link
- Access to support and advice for meeting the needs of people with a learning disability and making reasonable adjustments such as longer appointment
- The clinic space must be separate from the waiting area, and have:
 - A plinth
 - A hoist
 - Appropriate weighing facilities
 - Suitable static seating
 - Space to accommodate 7 people, and assessment equipment
 - A full range of assessment equipment
 - Access to a range of ground surfaces, ramps, kerbs and flooring.

Both hubs must have sufficient and appropriate outside space to enable testing of powered wheelchair driving skills to take place.

3.3.2 Days/Hours of Operation

Both service hubs will be open to the public from 9 a.m. to 5 p.m. Monday to Friday, except for bank holidays.

In addition to these core opening hours, each hub will offer two clinic sessions of 3 hours duration, either during the evening or at the weekend, on a weekly basis.

Services at 'spoke' locations will be provided depending on local needs and circumstances.

The repairs service must be contactable, at a minimum, from 9 a.m. to 10 p.m. every day, including weekends and bank holidays.

3.3.3 Accessibility/acceptability

The Service shall be accessible to all wheelchair users registered with the Derbyshire CCGs identified in Section 1.2, who meet the Eligibility Criteria for the service (attached as Appendix 1).

3.3.4 Sub-contractors

The Service will be delivered on a sole provider or lead provider basis. If the Service is provided on a lead provider basis, the lead provider must ensure that there are sufficiently robust sub-contractual arrangements in place to fully meet the requirements of this specification. The lead provider is accountable for delivering all aspects of this specification to the standards outlined. The lead provider will be held accountable for any inadequate performance of partners or sub-contractors.

All partnership and sub-contracting arrangements must be approved by the commissioners in advance, including any variation to initial contracts/agreements.

3.3.5 Population covered

The service is for patients who are the commissioning responsibility of the Derbyshire CCGs, as outlined in Section 1.2.

Out of area children or young people including Looked After Children placed in-area

For children and young people who are registered with a CCG not listed in section 1.2 these must be referred to the children's commissioning team for a decision on a case by case basis.

Looked After Children placed in area will be seen on the basis of clinical need and flagged using appropriate processes. If a child is accepted into the provider from out of area the necessary arrangements will be made to recharge the responsible CCG for recovering the cost of this activity.

If a child currently known to the service becomes looked after and moves to another area the service will make a referral to the appropriate local service and ensure that information is shared with the local team.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Exclusion Criteria

Please refer to the Eligibility Criteria (attached as Appendix 1).

3.5 Interdependence with other services/providers

3.5.1 Whole System Relationships

The Wheelchair Service is a key part of the health and social care system (and education/SEND for 0-25 year olds), supporting a wide range of patients with disabilities and long-term conditions, who may be accessing care and treatment from a range of different agencies. The Service will take a proactive approach to working as part of the wider system, and in particular ensuring that patients with complex needs receive care in a joined-up way. The Service will ensure that the Personal Wheelchair Budget model actively contributes to joined up care.

3.5.2 Interdependencies with other services/providers

The Service will ensure that clear links and working relationships are developed with:

- Derby Teaching Hospitals NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Derbyshire Community Healthcare Services NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Derby City Council (including social care and education / SEND services for 0-25s)
- Derbyshire County Council (including social care and education / SEND services for 0-25)
- Local voluntary/charitable organisations
- National voluntary/charitable organisations, including Whizzkidz, The Motor Neurone Disease Association
- Any other organisations with a relevant remit

3.5.3 Relevant Clinical Networks/Networks

- National Wheelchair Service Managers Forum (<http://www.wheelchairmanagers.nhs.uk/>)
- Posture and Mobility Group (<https://www.pmguk.co.uk/>)

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

Inclusive of but not exhaustive to:

- Code of Practice for Disability Equipment, Wheelchair and Seating Services: A Quality Framework for Procurement and Provision of Services (2015)
- Managing Medical Devices, MHRA, 2015.
- The Furniture and Furnishings (Fire) (Safety) Regulations SI 1324 1988 as amended by SI 2358 1989. Goods shall be labelled in the manner set out in Schedule 7 Part II of the Regulations.
- The Control of Substances Hazardous to Health Regulations 1988, as amended.
- The Manual Handling Operations Regulations 1992.
- Decontamination of Equipment Prior to Inspection, Service and Repair HSG (93) 26.
- European Council Directive 93/421/EEC of 14 June 1993 concerning Medical Devices
- The Medical Device Regulation 1994 SI 3017
- Department for Health and Department for Education: SEND code of practice 0-25 years (2015)

4.2 Applicable local standards

Special Educational Needs and Disabilities (SEND)

- Statutory targets must be met with regards to contributing to the assessment of SEND process. The service will feed back to Education, Health and Care Plans for 0-25 year olds within the agreed and negotiated timescales.
- The service will ensure that it is accurately represented on the Derbyshire and Derby City SEND Local Offers for 0-25 year olds and that this information is kept up to date. Families will clearly be able to understand the eligibility criteria and arrangements for access to the service.

4.3.1 Dignity and Respect

The Service shall:

- Ensure that services are carried out with due regard to user's individual needs and circumstances which may include, but not be limited to cognitive impairment, memory loss and disorientation, and physical disability.
- Ensure that all personnel carry out the service with due respect to users, their property and belongings.
- Carry out the service with due regard to the holidays, festivals and traditions of the users and their carers.
- Use additional communication services as required to provide alternative means of communicating (e.g. mini-com, short messaging service (SMS), email etc.) with users and carers in accordance with their individual needs.
- Provide staff with appropriate training/guidance for bereavement; to support the collection of equipment when family members of a deceased service users requests equipment collection.
- Use additional support services where necessary which may include but are not

limited to Learning Disability Facilitators, BSL interpreters, language interpreters or telephone services

4.2.2 Safeguarding

The Service shall:

- Have appropriate policies and procedures in place to meet their safeguarding responsibilities which are compatible with the policies and procedures of the Local Children and Adult Safeguarding Boards. The service shall assist the statutory authority in the performance of its duties with respect to the safeguarding of adults at risk and children, including working with other agencies.
- Ensure that their staff immediately inform their supervisor or manager where they suspect that a user, adult at risk, child or other person may be experiencing or at risk of experiencing any form of abuse or neglect.
- Have systems and processes in place to respond to any concern, allegation or disclosure about potential abuse or neglect involving an adult at risk, or a child/young person.
- Ensure that all staff working within the service shall undertake appropriate training commensurate with their role.
- If children and young people do not attend appointments consistently this is likely to have a significant long term impact on their development and outcomes. It is therefore vital that where a child is not brought to an appointment (WNB's) by parents/carers, there must be an escalation process. In all cases the referrer should be made aware of the failure of the parent/carer to bring the child for the appointment.

4.2.3 Risk Assessment and Management

The Service shall:

- Ensure that appropriate risk assessment and risk management systems are in place.
- Recognise situations which involve risk of actual or potential danger or personal injury to any person on the provider premises or any premises on which the provider are obliged to work (including users' locations). Risks could include spillages, loose materials, slip and trip hazards, electrical safety and defective equipment. Where appropriate and without personal risk, staff shall make these situations safe or withdraw from the situation and alert the appropriate bodies.
- Comply with Manual Handling Regulations and with the Health and Safety at Work Act 1974.
- Provide Users with the following information:
 - Verbal and written instructions on how to use the equipment;
 - Verbal and written instructions on how to maintain the equipment;
 - A written explanation of responsibilities regarding maintenance of equipment;

- A demonstration of the equipment;
- Details of how to return equipment; and
- An emergency telephone contact number in case the equipment fails.
- Service staff shall undertake risk assessments on activities relating to themselves, prior to undertaking work/duties. Where it is believed that there could be a risk to any person, they should immediately seek further instructions from an appropriate person before undertaking that activity.

4.2.4 Health and Safety

The Service shall comply with the requirements of the Health and Safety at Work Act 1974 and any other existing/future related and relevant legislation. The service shall:

- Assess all the significant risks faced by the service staff (e.g. lone working, violence and abuse and manual handling capability) and implement procedures addressing these risks;
- Ensure that appropriate systems and procedures are in place and implemented to comply with prevention of cross-infection and Health and safety procedure.
- Ensure that product recalls are actioned within the timescales set by the MHRA.
- The Service shall undertake Health and Safety inspections either as part of the recycling process or as part of their Pre-Planned Maintenance, whichever is sooner.

4.2.5 Accidents and Incidents

The Service shall:

- Keep a record of all incidents involving any personal injury or death or significant risk of personal injury or death of or to any person arising out of the Provider discharging the duties set out in this specification, detailing:
 - The member of staff or other person notifying the incident or accident;
 - The name and address (if known) of each and every member of staff, the user, carer, visitor or other person involved in the incident or accident;
 - The nature and extent of the incident or accident including details of any personal injury or death actually suffered;
 - The date and time of the incident or accident.
- Incidents involving personal injury or death shall be reported direct to the lead commissioner.
- Ensure that their entire staff report all such incidents or accidents.
- Ensure that the record of incidents and accidents shall be open to inspection by the nominated officer at any time. If the record is computerised the nominated officer shall be notified of all necessary access codes.
- Keep a copy of the complete record of incidents and accidents which shall be supplied to the nominated officer on their written request within 10 working days of

that request.

- Immediately notify the prescriber should any equipment issued be misused, abused or removed from any private residence to which it has been delivered without the approval of the prescriber.
- Immediately notify the prescriber if a user has refused to accept delivery of equipment.
- Ensure a record of incidents and accidents shall in all other respects be treated as confidential between the provider and the prescriber.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A)

5.2 Applicable CQUIN goals (See Schedule 4E)

CQUIN is included within the block element of the contract. A local incentive scheme is also available for this contract.

6. Location of Provider Premises

To be confirmed once contract has been awarded.

Wheelchair Service Specification Appendix



Appendix 1 -
Derbyshire Wheelchair Service FI



Appendix 2 - NHSE
Approved Wheelchair Service FI



Appendix 3 -
Wheelchair Service FI



Appendix 4 -
Wheelchair Service FI



Appendix 5 -
Wheelchair Service FI



Appendix 6 - WATCH
Details.pdf